

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Lorraine Puravet, RN BSN	LICENSE NUMBER 752449
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

Allowing you to maintain personal integrity and independence with the help of a well experienced RN and HCA/CAN staff. Safe neighborhood, great for walking outdoors. Both owners grew up and worked in an adult family home. One of the owners is a Registered Nurse with years of experience also working at Evergreen Hospital and in a Urology Clinic.

2. INITIAL LICENSING DATE

07/05/2013

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

NA

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NA

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☒ Co-owned by: **Lorraine and Dorel Puravet**
- ☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

Cueing and Monitoring to Total feeding assistance, Special diets, Nurse delegated tasks such as Tube Feeding

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

Cueing and Monitoring, Bladder toileting schedule, Total Bowel Program, to Total toileting assistance

3. WALKING

If needed, the home may provide assistance with walking as follows:

Cueing and Monitoring to Stand by assist

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

Cueing the steps, monitoring, One or two person transfer, one person hoyer lift

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

Cueing the steps, monitoring to one person assist

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

Cueing the steps, monitoring, set up to total assistance

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Cueing the steps, monitoring, set up to total assistance one to two person

8. BATHING

If needed, the home may provide assistance with bathing as follows:

Cueing the steps, set up, to total assistance one to two person to bed baths

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide care from independent to total assist care with 2 person assist and to end of life hospice care.

~~Care is provided as appropriate in private rooms with private bathrooms~~

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

From self to total administration with nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

RN on staff

Skilled Nursing Services and Nurse Delegation
<p>If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)</p>
<p>The home provides the following skilled nursing services:</p> <p>Has an RN and Contracts with a nurse to provide delegation.</p>
<p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p>Some examples are the following: Blood sugar monitoring, Insulin administration, Ostomy bag care, Foley catheter care, Inhaler use, Total med administration etc</p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p> <p>Any skilled or delegated care will be strictly under doctor or hospice order and supervision.</p>
Specialty Care Designations
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input type="checkbox"/> Developmental disabilities</p> <p><input checked="" type="checkbox"/> Mental illness</p> <p><input checked="" type="checkbox"/> Dementia</p>
<p>ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS</p>
Staffing
<p>The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)</p> <p><input checked="" type="checkbox"/> The provider lives in the home.</p> <p><input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times.</p> <p><input type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.</p> <p>The normal staffing levels for the home are:</p> <p><input checked="" type="checkbox"/> Registered nurse, days and times: <u>RN lives on site</u></p> <p><input type="checkbox"/> Licensed practical nurse, days and times: _____</p> <p><input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>Owners live on site, staff HCA/CAN or long term care workers</u></p> <p><input type="checkbox"/> Awake staff at night</p> <p><input type="checkbox"/> Other: _____</p>
<p>ADDITIONAL COMMENTS REGARDING STAFFING</p>
Cultural or Language Access
<p>The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)</p>
<p>The home is particularly focused on residents with the following background and/or languages:</p> <p>English</p>

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

Private funds required for a length of time initially prior to transfer to Medicaid, than Medicaid ok

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

All available activities are posted, provided in the info pack and tailored per individual needs and abilities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES